

Indiana Institute of Public Funds Management

I Want To Be Involved

Please accept our commitment to the Indiana Institute of Public Funds Management as a:

Partner

- ☐ Two year commitment of \$10,00 per year for a total of \$20,000
- ☐ One year commitment of \$15,000

Sponsor

- ☐ Three year commitment of \$5,000 per year for a total of \$15,000
- ☐ One year commitment of \$10,000

Friend

- ☐ One year commitment of \$5,000

Supporter

- ☐ Contribution of \$ _____

Name of Organization Contributing: _____

Mailing Address: _____

Contact Person: _____

Phone: _____ **Fax:** _____

Email address: _____

Person for Financial Industry Advisory Group: _____

PLEASE FAX BACK TO (317) 233-1780 ATTENTION: DAVID CERTO